



Please type a plus sign (+) inside this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

GAU-2615

PTO/SB/122 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

## CHANGE OF CORRESPONDENCE ADDRESS Application

Address to:  
Assistant Commissioner for Patents  
Washington, D.C. 20231

Application Number	08/988,172
Filing Date	12/10/1997
First Named Inventor	Max Abecassis
Group Art Unit	2615
Examiner Name	Thai Tran <i>HTS</i>
Attorney Docket Number	

Please change the Correspondence Address for the above-identified application to:

☐ Customer Number  →  
Type Customer Number here

Place Customer  
Number Bar Code  
Label here

OR

☒ Firm or  
Individual Name

MAX ABECASSIS

Address

18457 LONG LAKE DRIVE

Address

City

BOCA RATON

State

FL

ZIP

33496

Country

USA

Telephone

561-470-1181

Fax

RECEIVED  
APR 30 2001  
Technology Center 2600

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ Attorney or Agent of record.

☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Typed or Printed  
Name

Max Abecassis

Signature

Date

04/23/2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.